

MC 252 Response

Analytical Request Form (ARF)

Project Management Contacts

Comand Center:
Project Grouping:
Project Name:
Project Code:
Media of Concern:

Location ID:
Consultant Name:
Consultant Project Number:
Laboratory Work Order Number:

ARF #:

Project Type (investigative, remediation, etc.):

Anticipated Start Date:
Frequency of Sampling:

Anticipated Completion Date:
Sampling Plan Attached:

Title(s)/Date(s) of attached sampling information:

Data Quality Objectives Attached:

Project Team Contact/Requestor:
Address:

Office Phone :
Mobile Phone:
Designated Sampling Collection Entity Name:
Address:
Program Manager:
Project Manager:

Sampling Program Collection Contact

Comand Center to Pick up Sample Kits:

E-mail:

Person to Contact when sample kits are available:
Office Phone :
Mobile Phone:

Techincial Review

Laboratory Contact

Laboratory Name:
Address:

Laboratory Project Manager:
Office Phone :
Mobile Phone:

Environmental Standards Contact

QA Consultant Firm Name: Environmental Standards, Inc.
Address: 1140 Valley Forge Road
Valley Forge, PA 19482-0810
Environmental Standards Project Manager:

Office Phone :
610.935.5577
Fax: 610.935.5583
E-mails:

E-mail:

Sample Management Approval Signature

Group I Inactive Production Reserve Pits

Group II Inactive Exploration Site within Prudhoe Bay

Group III Inactive Oily Waste Cells

Group IV Tuboscope Site, WOA

Group V Contaminated Sites, Alaska Charter Sites

Group VI Contaminated Sites, Non Charter Sites

Group VII Old Landfill Waste Accumulation Sites

Group IX Active Operations Sites Where Releases May have Occurred

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Chuck Stilwell
Mike Mc Anulty

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907.564.5636 (MM)

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MC252 ARF Template rev 5 20100511.xls

Record of ARF Initiation and Revisions		
Initiated ARF:	*Name: _____	Date: _____
Laboratory Acceptance:	Name: _____	Date: _____
Project QAO Acceptance:	Name: _____	Date: _____
Revision 1:	Name: _____	Date: _____
	Types of Changes: _____	

Revision 2:	Name: _____	Date: _____
	Types of Changes: _____	

Revision 3:	Name: _____	Date: _____
	Types of Changes: _____	

Revision 4:	Name: _____	Date: _____
	Types of Changes: _____	

* - Project Manager printed name		

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Parameters and Analytical Methods Requested

Projected Analytical Plan & Number of Samples to be Collected										
Analytical Information		Investigatory Samples			Quality Control Samples				Confirmation # of Samples Collected	
Compound List or Parameter	Analytical Method	Air Samples	Aqueous / Liquid Samples	Solid Samples	MS/MSD Samples	Number of Trip Blanks	Number of Field Blanks	Number of Field Duplicates	Number of Samples received by Laboratory	Confirmation of Number of Samples Analyzed
Turn Around Time (TAT) and Data Package Requirements										
<p>Standard TAT: 10 business days Level II data package and EDD; 35 business days for Level IV data</p> <p>Is a faster TAT required for this project? _____</p> <p>Does this data set require data verification or validation? _____</p> <p>Specify Method Detection Limit (MDL) or Reporting Limit (RL) data reporting. _____</p> <p>Laboratory: Do any methods listed above require subcontracting? If so list method and laboratory. _____</p> <p>Ship Bottles to:</p> <div><p>Name: _____</p><p>Street Address: _____</p><p>City, State, Zip: _____</p><p>Phone: _____</p><p>Date Bottles Required: _____</p></div>										
Laboratory Invoices must be submitted to:								LAB USE ONLY		
<div><p>Name: _____</p><p>Street Address: _____</p><p>City, State, Zip: _____</p><p>Phone: _____</p></div>								Laboratory Work Order Number		

Additional Requests and Instructions

Phone Logs and Project Correspondence

[illegible]

Sampling Conclusion (What was learned from this sampling event?)

[illegible]